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APPLICATION NO. **FILING DATE** TOTAL CLAIMS **EXAMINER AND GROUP ART UNIT** 014 09/031,065 02/26/98 ROSENBAUM, M 3725 12/10/99 First Named

Applicant

BOWLING,

35 USC 154(b) term ext. =

0 Days.

INVENTION EPLACEABLE SHEAR EDGE FOR A STAR-TYPE FEEDER

ATTY'S DOCKET NO.	CLASS-SUBCLASS	BATCH NO.	APPLN. TYPE	SMALL ENTITY	FEE DUE	DATE DUE	
3 10-1238	241-028.0	00 F49	UTIL	TY NO	\$1210.00	03/10/00	
Use of PTO form(s) and Customer Number are recommended, but not required. Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. (1) the name attorneys of the name of member a and the name of member and the name of			ting on the patent front page, list ness of up to 3 registered patent or agents OR, alternatively, (2) of a single firm (having as a registered attorney or agent) mes of up to 2 registered patent or agents. If no name is listed, no be printed.				
3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the PTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment. (A) NAME OF ASSIGNEE Ahlstrom Services Inc. (B) RESIDENCE: (CITY & STATE OR COUNTRY) Clens Falls, New York Please check the appropriate assignee category indicated below (will not be printed on the patent) individual Xisorporation or other private group entity government			4b. The following fees or deficiency in these fees should be charged to: DEPOSIT ACCOUNT NUMBER (ENCLOSE AN EXTRA COPY OF THIS FORM) Issue Fee Advance Order - # of Copies				
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(Authorized Signature) Robert A. Vanderhye NOTE; The Issue Fee will not be acce or agent; or the assignee or other part Tracemark Office.	pted from anyone other than the	applicant; a regist	/2000 ered attorney		37016000		
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